COVER PAGE

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 46	460
	Statement covers period from 07/01/2020	Date of election if applicable: (Month, Day, Year)		Page 1 of 18 For Official Use Only	of 18 Ise Only
SEE INSTRUCTIONS ON REVERSE	through_09/19/2020	11/03/2020		25527	25 SEP 2020 ANS 35
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	mination)	Quarterly Statement Special Odd-Year Report	
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee] Primarily Formed Candidate/ Officeholder Committee (Also Complete Per ℓ)				
3. Committee Information	I.D. NUMBER 1424210	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	E)	NAME OF TREASURER Oscar Alejandro Escobedo			
Carlos Escobedo for Santa Maria City Council District 1 2020	trict 1 2020	MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE		AREA CODE/PHONE
124 W. Main Street, Suite D	ZIP CODE AREA CODE/PHONE	Santa Maria NAME OF ASSISTANT TREASURER, IF ANY	CA R, IF ANY	93458 805-6	805-619-0566
Santa Maria Maling Address (if Different) NO. AND STREET OR P.O. BOX	93458 805-619-0566 0.Box	MAILING ADDRESS			
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA C	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	88		
- 1					
 Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under negative under the laws of the State of California that the forenoing is true and correct. 	ewing this statement and to the best of my kr	nowledge the information contained I	erein and in the attache	ed schedules is true and co	mplete. I
Executed on 09/24/2020	By B	Control			
Date		Signature of Treasurer or Assistant Treasurer	reasurer		

Control of the second of the s	Signature of Treasurer in Assistant Treasurer	By A	Signature of Controlling Officeholder, Candidate, State Mediure Proponent or Responsible	BV	Signature of Controlling Officeholder, Candidate, State Measure Propone	By C.	Signature of Controlling Officeholder, Candidate, State Measure Proponent
09/24/2020	Date	09/24/2020	Date		Date		Date
Executed on		Executed on		Executed on		Executed on	

Recipient Committee Campaign Statement Cover Page — Part 2



				Page 2	of 18
5. Officeholder or Candidate Controlled Committee	tee 6.	Primarily Formed Ballot Measure Committee	Measure Committee	(D	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Carlos Escobedo					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	□ su	SUPPORT
City Council Member: City of Santa Maria District 1				 다	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	Y STATE ZIP				i Walio
1010 W. Alvin Avenue	Santa Maria CA 93458		ing officentialer, candidate, or state measure proponent, if any,	measure proponer	π, n any.
		NAME OF OFFICEHOLDER, CAND	LDER, CANDIDATE, OR PROPONENT		
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	allent. List any committees re primarily formed to receive facy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	4
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE? 7.	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	ate/Officeholder Conwittee is	ommittee List na	mes of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
COMMITTEE NAME	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	TO. NOMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	×				
CITY STATE ZIP CODE	DE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	necessary	

Statement	
n Disclosure	Page
Campaign	Summary

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	09/19/2020	Page 3 of 18
NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020				I.D. NUMBER 1424210
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
 Monetary Contributions	\$ 13,893.75 \$ 2,000.00 \$ 15,893.75 \$ \$ 0.00 \$ \$ 15,893.75 \$	24,799.38 2,000.00 26,799.38 0.00 26,799.38	General Elections 1/1 thru 20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date \$
Expenditures Made (See Payments	\$ 7,023.05	\$ 7,380.76	Expenditure Limit Summary for State Candidates	ummary for State
SUBTOTAL CASH PAYMENTS	\$ 7,023.05	7,380.76	22. Cumulative (If Subject to V	Cumulative Expenditures Made⁺ (If Subject to Voluntary Expenditure Limit)
9. Accided Expenses (Oripaid Bills)	0.00	00:00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$ 7,023.05	\$ 7,380.76		\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Column A, Line 8 above 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 10,547.92 15,893.75 0.00 7,023.05 \$ 19,418.62 \$ 0.00	To calculate Column B, add amounts in Column Ato the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
19, Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,000.00		FPPC Advice: advi	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

CALIFORNIA 46(of $\frac{18}{}$ FORM Page 4 Statement covers period 09/19/2020 07/01/2020

I.D. NUMBER

SCHEDULE A

through _ from

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escob	Carlos Escobedo for Santa Maria City Council District 1 2020				1424210	210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITEE. ALSO ENTER I,D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/02/2020	Lisa M. Long 4340 Meadow Drive Orcutt, CA 93455	MIND COM OTH SCC	Controller Central Coast Water Authority	500.00	500.00	
07/09/2020	Gale J. McNeeley 224 Palm Court Drive Santa Maria, CA 93454	■ IND COM OTH SCC	Writer Self Employed	100.00	100.00	
07/09/2020	Roger Galvan 614 W. Main St. Santa Maria, CA 93458	IND COM OTH SCC	Owner Xtreme Electronics	150.00	250.00	
07/09/2020	Orsy O. Duran 609 W. Main St. Santa Maria, CA 93458	IND COM OTH PTY	Оwner Тахргеss	250.00	250.00	
07/15/2020	King's Tire and Wheel 317 W. Main St. Santa Maria, CA 93458	IND COM OTH SCC		200.00	200.00	
			SUBTOTAL \$ 1,200.00	1,200.00		

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- \$ 243.75 Amount received this period – unitemized monetary contributions of less than \$100
- (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 13,893.75 3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2015)) SCC - Small Contributor Committee OTH – Other (e.g., business entity) PTY – Political Party

(other than PTY or SCC)

COM - Recipient Committee

13,650.00

"Contributor Codes

IND - Individual

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Schedule	ochedule A (confindation oneet)	Amounts may be rounded	e rounded			SCHEDULE A (CONT.)
Monetary	Monetary Contributions Received	to whole dollars.	ollars.	Statement covers period		CALIFORNIA ACO
				from 07/01/2020		FORM 400
				through 09/19/2020	2020 Page_	e 5 of 18
NAME OF FILER Carlos Escob	NME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020				1.D	I.D. NUMBER 1424210
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	FER ELECTION TO DATE (IF REQUIRED)
07/15/2020	La Tapatia Bakery 419 W. Main St. Santa Maria, CA 93454	COM CODTH SCC		250.00	250.00	
07/15/2020	D&S Tires, Inc, DBA: Calderons Tires & Services 333 S. Blosser Rd. Santa Maria, CA 93458	COM COM COTH COTH COTH COTH		500.00	500.00	
07/15/2020	Domenico R. Escobedo 940 W. Anthony Pl Santa Maria, CA 93458	COM COM DOTH SCC	Tow truck Driver Four Corners Towing	1,000.00	1,000.00	
07/17/2020	Daniel D. Blough 2637 Lorencita Santa Maria, CA 93455	IND COM OTH SCC	Owner Dan Blough Construction	1,000.00	1,000.00	
07/17/2020	Tim Seifert 2353 A St. Santa Maria, CA. 93455	M IND COM OTH DTY	Construction Dan Blough Construction	250.00	250.00	
			SUBTOTAL \$ 3,000.00	\$ 3,000.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Re

NAME OF FILER

l Sileet)	Amounts may be rounded		SCHEDULE A (CONT.)
Received	to whole dollars.	Statement covers period	CALIFORNIA A C.
		from 07/01/2020	FORM 400
		through 09/19/2020	Page 6 of 18
			I.D. NUMBER
y Council District 1 2020			1424210

Carlos Escob	Carlos Escobedo for Santa Maria City Council District 1 2020				1424210	210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/17/2020	Calderon Brothers, Inc 1777 Cambridge Way Santa Maria, CA 93454	COM COM DATA		500.00	500.00	
07/28/2020	Franziska M. Shepard 1418 E. Main St. Ste. 130 Santa Maria, CA 93454	OTH SCC	Owner Shepard Eye Center	1,000.00	3,000.00	
07/28/2020	Edwin Hodges 1005 Orchid St. Lompoc, CA 93436	IND COM OTH DTY SCC	CalWORKs Coordinator Allan Hancock College	100.00	100.00	
08/07/2020	Armando's Autobody & Paint, Inc 315 Dal Porto Ln, Unit C Santa Maria, CA 93458	IND COM OTH SCC		500.00	500.00	
08/19/2020	Diana M. Perez 351 Siler Ln. Santa Maria, CA. 93455	IND COM OTH PTY SCC	Cal-SOAP Director Allan Hancock College	250.00	500,00	
			SUBTOTAL \$ 2,350.00	2,350.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Schedule	Schedule A (Continuation Sheet)	Amounts may be rounded	se rounded			SCHEDULE A (CONT.)
Monetary	Monetary Contributions Received	to whole dollars.	ollars.	Statement covers period		CALIFORNIA ACO
				from 07/01/2020		FORM 400
				through 09/19/2020	Page.	7 of 18
NAME OF FILER					I.D. NU	.D. NUMBER
Carlos Escot	Carlos Escobedo for Santa Maria City Council District 1 2020					1424210
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2020	Bonita Packing Co. 1850 W. Stowell Rd. Santa Maria, CA 93458	COM COM OTH SCC		2,000.00	2,000.00	
08/27/2020	Michael W. Moats 525 E. Plaza Dr., Suite 200 Santa Maria, CA 93455	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dermatologist West Dermatology	500.00	1,000.00	
08/31/2020	Carniceria El Matador, Inc 101 North Depot St. Suite B Santa Maria, CA 93458	IND COM OTH PTY		300.00	300.00	
08/31/2020	La Casa del Celular 425 W. Main St. Santa Maria, CA 93458	IND COM OTH PTY		1,000.00	1,000.00	
09/08/2020	Plumbers & Steamfitters Local Union 114 ID: 890465 555 Capitol Mall, Suite 400 Sacramento, CA 95814	IND COM OTH PTY		1,000.00	1,000.00	
			SUBTOTAL \$ 4,800.00	\$ 4,800.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Moneta

Schedule	Schedule A (Continuation Sheet)	Amounts may be rounded	ne rounded			SCHEDULE A (CONT.)
Monetary	Monetary Contributions Received	to whole dollars.	ollars.	Statement covers period from 07/01/2020		CALIFORNIA 460
				through 09/19/2020		8 of 18
NAME OF FILER						MH MH MH
Carlos Escol	Carlos Escobedo for Santa Maria City Council District 1 2020					1424210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/10/2020	Whitney Rush 1321 Chino St. Santa Barbara, CA 93101	■ IND COM OTH COM COTH COM COTH COTH COTH COTH COTH COTH COTH COTH	Rail & Transit Project Manager SBCAG	100.00	100:00	
09/11/2020	Rafael Gutierrez 1750 Domingues St. Santa Maria, CA 93454	IND COM OTH SCC	Lawyer R. G. Gutierrez Law Firm	200.00	300.00	
09/16/2020	UA Journeymen & Apprentices, Local #250 ID: 743959 18355 S. Figuero St. Gardena, CA 90248	O COM		1,000.00	1,000.00	
09/16/2020	Southern California Pipe Trades, #16 ID: 760715 501 Shatto Place, Suite 400 Los Angeles, CA 90020	IND COM OTH SCC		1,000.00	1,000.00	
		IND COM OTH PTY				
			SUBTOTAL \$ 2,300	2,300		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 18 CALIFORNIA of. FORM Page 9 Statement covers period 07/01/2020 09/19/2020 through from_

I.D. NUMBER

1424210

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE. ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Carlos Escobedo 1010 W. Alvin Avenue	Outreach Specialist			PAID 0.00	\$ 2,000.00	0.00	2,000.00	CALENDAR YEAR \$ 2,000.00
Santa Maria, CA 93458	Allan Hancock College			- FORGIVEN		RATE		PER ELECTION**
TEND COM OTH PTY SCC		0.00	\$ 2,000.00	\$ 0.00	DATE DUE	49	07/17/202(DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				499	49	%	69	S
				☐ FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		8		9	DATE DUE	8	DATE INCURRED	SO SO
				□ PAID				CALENDAR YEAR
				8	80	3%	S	50
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		50	v	87	DATE DUE	49	DATE INCURRED	s
	S	SUBTOTALS \$ 2,000.00	2,000.00 \$	0.00	2,000.00	\$ 0.00		
			4			(Enter (e) on Schedule E. Line 3)	e E. Line 3)	

Schedule B Summary

2,000.00 0.00 €3 4 (Total Column (b) plus unitemized loans of less than \$100.) Loans paid or forgiven this period... Loans received this period

(Include loans paid by a third party that are also itemized on Schedule A.) Net change this period. (Subtract Line 2 from Line 1.) ო

(Total Column (c) plus loans under \$100 paid or forgiven.)

NET Enter the net here and on the Summary Page, Column A, Line 2.

SCC - Small Contributor Committee OTH - Other (e.g., business entity) PTY - Political Party (other than PTY or SCC) COM - Recipient Committee †Contributor Codes IND - Individual

2,000.00

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(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

www.fppc.ca.gov FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016))

SCHEDULE B - PART 2 BALANCE OUTSTANDING TO DATE 18 CALIFORNIA FORM ğ I.D. NUMBER **Page** 10 1424210 CUMULATIVE TO DATE CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR (IF REQUIRED) PER ELECTION (IF REQUIRED) PER ELECTION (IF REQUIRED) PER ELECTION (IF REQUIRED) Enter on Summary Page, Line 17 only. Statement covers period AMOUNT GUARANTEED THIS PERIOD 09/19/2020 07/01/2020 \$ 0.00 through_ from SUBTOTAL LOAN LENDER LENDER DATE DATE DATE DATE IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Amounts may be rounded to whole dollars. CONTRIBUTOR CODE* COM COM DOTH DTY OTH DTY COM OTH SCC COM Scc Carlos Escobedo for Santa Maria City Council District 1 2020 PTY ON O □ IND FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR SEE INSTRUCTIONS ON REVERSE Schedule B - Part 2 Loan Guarantors NAME OF FILER

Nonmonetary Contributions Recei Schedule C

Amounts may be rounded

to whole dellare		SCHEDULE C
ived	Statement covers period	CALIFORNIA
	from 07/01/2020	FORM 400
	through 09/19/2020	Page 11 of 18
		LD. NUMBER

SFF INSTRUCT	SFF INSTRUCTIONS ON REVERSE			thro	through	- Lage	0
NAME OF FILER Carlos Escobe	vame of Filer Carlos Escobedo for Santa Maria City Council District 1 2020	50				I.D. NUMBER 1424210	ER 10
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER I.D. NJMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALJE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		COM OTH SCC					
		OND COM OTH PTY					
		C COM C OTH D OTH SCC					
		IND COM OTH PTY SCC					
Attach addi	Attach additional information on appropriately labeled continuation sheets.	continuation	sheets.	SUBTOTAL \$ 0.00	00.00		
Schedule 1. Amount r (Include a	Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	y contribution	utions.	0.00	0.00	*Contributor Codes IND – Individual COM – Recipient Committee	outor Codes ndividual Recipient Committee (other than PTY or SCC)
2. Amount r	2. Amount received this period – unitemized nonmonetary contributions of less than \$100	tary contributi	ons of less than \$100) \$	0.00	OTH – Other (e.g., br PTY – Political Party	OTH – Caron Warner (e.g., business entity) PTY – Political Party
						000 0110 00	וווווסמומו כסווונוווייםם

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\$ 0.00
. Amount received this period – unitemized nonmonetary contributions of less than \$100 $$
2. Arr

SCHEDULE D PER ELECTION (IF REQUIRED) TO DATE 8 ģ CALIFORNIA FORM I.D. NUMBER 1424210 12 Page__ CUMJLATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) Statement covers period through 09/19/2020 07/01/2020 AMOUNT THIS PERIOD DESCRIPTION (IF REQUIRED) Amounts may be rounded to whole dollars. TYPE OF PAYMENT Nonmonetary Nonmonetary Nonmonetary Independent Contribution Contribution Expenditure Contribution Contribution Independent Contribution Contribution Expenditure Monetary Monetary Monetary NAME OF CANDIDATE, OFFICE AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JUR SDICTION. Carlos Escobedo for Santa Maria City Council District 1 2020 Candidates, Measures and Committees Oppose Oppose OR COMMITTEE Supporting/Opposing Other Summary of Expenditures Support Support SEE INSTRUCTIONS ON REVERSE Schedule D NAME OF FILER DATE

Schedule D Summary

. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	00:00
Unitemized contributions and independent expenditures made this period of under \$100	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	0.00

0.00

SUBTOTAL \$

Independent

Expenditure

Oppose

Support

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Sch	ay

Amounts may be rounded to whole dollars.

ţ, CALIFORNIA FORM I.D. NJMBER 13 Page. Statement covers period through 09/19/2020 07/01/2020 from.

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1424210

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Carlos Escobedo for Santa Maria City Council District I 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

meetings and appearances member communications office expenses MBR campaign paraphernalia/misc. campaign consultants

contribution (explain nonmonetary)* civic donations

CMP CNS

CTB

candidate filing/ballot fees

Independent expenditure supporting/opposing others (explain)* campaign literature and mailings fundraising events legal defense

7 7

LEG

polling and survey research petition circulating phone banks MTG OFC PE1 PHO POS PRO PRT POL

postage, delivery and messenger services professional services (legal, accounting)

print ads

radio airtime and production costs campaign workers' salaries returned contributions

transfer between committees of the same candidate/sponsor t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals RAD SAL TEL TRC TRC TRS VOT

information technology costs (internet, e-mail) voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODF OR	R DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454	FIL		1,000.00
Vista Printing 395 Olive Ave, Vista, CA 92083	CMP		206.87
CA Slates 249 E. Ocean Blvd., #670 Long Beach, CA 90802	LIT		1,600.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,806.87

Schedule E Summary

2. Unitemized payments made this period of under \$100....

- 6,803.87 219.18 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- \$ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).......

5

(Continuation Sheet) Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 14 Page Statement covers period through 09/19/2020 07/01/2020

SCHEDULE E (CONT.)

18

of

.D. NUMBER 1424210

Carlos Escobedo for Santa Maria City Council District 1 2020

radio airtime and production costs describe the payment. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise,

meetings and appearances member communications office expenses MTG OFC PFT contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign consultants

postage, delivery and messenger services professional services (legal, accounting) polling and survey research petition circulating phone banks POL POS PRO PRI PHO independent expenditure supporting/opposing others (explain)*

cand date filing/ballot fees

civic donat ons

CVC FND

CIB

CMP CNS fundraising events

legal defense

LEG 2

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration TEL TRS TRS VOT WEB

campaign workers' salaries t.v. or cable airtime and product on costs

returned contributions

RAD RFD candidate travel, lodging, and meals

information technology costs (internet, e-mail)

AMOUNT PAID 2,094.00 DESCRIPTION OF PAYMENT Q R CODE LIT print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER) campaign literature and mailings Aaron, Thomas & Associates, Inc. Chatsworth, CA 91311 21344 Superior Street

LIT LIT 22410 Hawthorne Blvd, Suite 5 **Budget Watchdogs Newsletter** Torrance, CA 90505 Calsal Voter Guide

133.00

284.00

236.00

22410 Hawthorne Blvd, Suite 5 Torrance, CA 90505

22410 Hawthorne Blvd, Suite 5 Election Digest

Torrance, CA 90505

30011 Ivy Glenn Drive, Suite 223 Landslide Comunications Laguna Niguel, CA 92677 Payments that are contributions or independent expenditures must also be summarized on Schedule D.

LIT

LIT

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016))

SUBTOTAL \$ 3,997.00

1,250.00

SCHEDULE F

Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

CALIFORNIA 460 FORM Statement covers period 07/01/2020 from.

SEE INSTRUCTIONS ON REVERSE			through 09/19/2020	Page	15 of 18
NAME OF FILER				I,D, NUMBER	MBER
Carlos Escobedo for Santa Maria City Council District 1 2020				1424210	1210
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphernalia/misc. CMP campaign consultants CNS campaign consultants CNS campaign consultants CNS contribution (explain nonmonetary)* CNC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) PRO professional services (legal, accounting) WEB WEB WEAD Otherwise, RAD SAL PET PET PET PHO phone banks PRO polling and survey research TRS PRO professional services (legal, accounting) WEB WEB	is the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	enter the code. Oth ns nces arch nessenger services egal, accounting)		describe the payment, radio airline and production costs returned contributions campaign workers' salaries t.v. or cable airline and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals varies between committees of the same candidate/sponsor voter registration	s e candidate/sponsor -mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	c -		6		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS (- G	- ω		- w

Schedule F Summary

- 0.00 INCURRED TOTALS \$_
- 00'0 PAID TOTALS \$ 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....
- NET \$ 0.00

 May be a negalive number

 FPPC Form 460 (Jan/2016))

Schedule G , S

Schedule G Daymonte Mado by an Agont or Indonondont	Amounte may be remaded	Statement covers period		SCHEDULE G
Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2020	CALIFORNIA 460	460
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page 16 of	of 18
NAME OF FILER			I.D. NUMBER	
Carlos Escobedo for Santa Maria City Council District 1 2020			1424210	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Circle Wise, describe and payment.	RAD radio airtime and production costs	RFD returned contributions	SAL campaign workers' salaries	TEL 1.v. or cable airtime and production costs	TRC candidate travel lodging, and meals	TRS staff/spouse travel, lodging, and meals	TSF transfer between committees of the same candidate/sponsor	VOT voter registration	WEB information technology costs (internet, e-mail)
see the payment, yearing enter the cone.	MBR member communications	MTG meetings and appearances	OFC office expenses	PET petition circulating	PHO phone banks		POS postage, delivery and messenger services	PRO professional services (legal, accounting)	PRT print ads
server is the server accordingly accorded the payment, yearing and the code. Otherwise, according payment,	CMP campaign paraphernalia/misc.	CNS campaign consultants		CVC civic donations	FIL candidate filing/ballot fees	FND fundraising events		LEG legal defense	LIT campaign literature and mailings

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	DESCRIPTION OF PAYMENT	AMOUNT PAID
Attach additional information on appropriately labeled continuation sheets	als:	* IVLOL	
אונשטון מממוניטומן ווווסודומווטון טון מאף ייף ייהיטוע ימאטוניו וממניטון סווט	710.	IOIAL	0.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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SCHEDULE H PER ELECTION** PER ELECTION** CALENDAR YEAR CALENDAR YEAR CUMULATIVE 461 **If Required LOANS TO DATE 18 ģ CALIFORNIA DATE INCURRED DATE INCURRED FORM ORIGINAL AMOUNT OF LOAN I.D. NUMBER 1424210 Page 17 Schedule 1, Line 3) (May be a negative number) (Enter (e) on INTEREST RECEIVED RATE RATE Statement covers period (e) 07/01/2020 09/19/2020 0.00 0.00 0.00 OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE DATE DUE 49 0 κ'n NET through from. REPAYMENT OR FORGIVENESS THIS PERIOD* | FORGIVEN FORGIVEN PAID PAID AMOUNT LOANED THIS PERIOD Amounts may be rounded to whole dollars. (q) (a)
OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD SUBTOTALS (Enter the net here and on the Summary Page, Column A, Line 7.) 3. Net change this period. (Subtract Line 2 from Line 1.)....... IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (Total Column (c) plus unitemized payments of less than \$100.) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (Total Column (b) plus unitemized loans of less than \$100. Carlos Escobedo for Santa Maria City Council District 1 2020 Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I,D. NUMBER) 1. Loans made this period...... Payments received on loans... Loans Made to Others* SEE INSTRUCTIONS ON REVERSE Schedule H Summary Schedule H NAME OF FILER ai

	s to Cash
	Increases
Schedule I	Miscellaneous

Amounts may be rounded

SCHEDULE

	Amounts may be rounded		SCHEDULE
Miscellaneous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460
		0.000	
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page 18 of 18
NAME OF FILER			I.D. NUMBER
Carlos Escobedo for Santa Maria City Council District 1 2020			1424210
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		•	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

\$ 0.00 Schedule | Summary

0.00 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

0.00

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